

Youth Baseball/Softball Coach Application

Due on or before *February 15th, 2015.*

Please deliver to Jeff Schroeder, New Holstein Baseball Director, either in person or to the City Clerk's office.

Complete both the volunteer application form and the criminal background check form. Any omission on the background check form may eliminate you as a possible coach (this includes traffic violations, so please be complete).

There will be at least one head coach and one assistant coach chosen for each team.

If you are not selected as a coach, you will receive a denial letter.

Thank you for your interest in sharing your talents for youth baseball and softball in our community.

2015

Baseball/Softball Volunteer Coaching Application Form

- *Number of coaches limited to no more than one head coach and one assistant coach per team.*
- *All coaches are required to complete a background check with the City of New Holstein every 12 months. Misrepresentation or omission of pertinent facts may be cause for rejection.*
- *All coaches are required to complete a volunteer coach application prior to the start of each season. Coaches will then be chosen based on qualifications and past coaching experiences. Not all who apply are guaranteed to be chosen.*
- *The Program Director reserves the right to eject, suspend, terminate, not invite back, prosecute, or render any type of disciplinary action as deemed necessary, due to inappropriate behaviors, poor sportsmanship, and/or for any other reason.*
- *All coaches are expected to abide by the New Holstein Recreation Department Code of Conduct Policy.*
- *All coaches are expected to abide by the New Holstein Baseball/Softball Association list of Head Coach Responsibilities.*

NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	WORK PHONE:
EMAIL:		

Are you under 18 years old? ☐ Yes ☐ No

Sport/Level interested in coaching:

☐ Little Sluggers (instructional)

Boys baseball: ☐ Rookies ☐ Minors ☐ Little League ☐ Graders

Girls softball: ☐ Girls C ☐ Girls B ☐ Girls A

Do you have a child participating in this sport? ☐ Yes ☐ No

NAME:	LEVEL:
NAME:	LEVEL:
NAME:	LEVEL:
NAME:	LEVEL:

Why do you want to coach?

List previous coaching experience, including sport and age level:

List previous playing experience, including sport and level:

Check any of the following that apply to you:

- ☐ Hold a coaching certificate or have had coach training
- ☐ Have attended baseball or softball coaching clinics
- ☐ Officiate for WIAA or equivalent. List sports: _____
- ☐ Hold a sports-related degree _____

List 2 people who will provide character references and information to support your coaching skills and sport knowledge:

NAME:	PHONE:
NAME:	PHONE:

INFORMATION RELEASE AUTHORIZATION
Background Check for Official Use by Authorized Persons - City of New Holstein

INSTRUCTIONS TO APPLICANT:

The City of New Holstein requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. **Failure to complete will result in delayed processing of your application.**

Legal Name: Last, First, Middle	Date of Birth
Resident Street Address	
(Area Code) Home Telephone	(Area Code) Work Telephone
Former Name (If Applicable)	

To Whom It May Concern:

I authorize any authorized official representative of The City of New Holstein bearing or presenting this release, to obtain information and records pertaining to me and my personal background whether such information and records are public, private, favorable, unfavorable, or confidential in nature from any or all of the following sources:

- ☐ 1. Military Record Centers
- ☐ 2. Any place of business
- ☐ 3. Any Court, Police Agency or other location where criminal and misdemeanor records are kept
- ☐ 4. Former Employer(s)
- ☐ 5. Present Employer(s)
- ☐ 6. Any School, College, University or other educational institution including peace officer records
- ☐ 7. Credit Bureau(s)
- ☐ 8. Any Banking Institution
- ☐ 9. Any Local, State, or Federal Governmental Agency
- ☐ 10. Any private citizen who has knowledge of individual

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by The City of New Holstein. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s. 895.50, Wisconsin Statutes (the Privacy Act) which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

A photocopy of this release will be as valid as an original.

Applicants Signature: _____ Date: _____

If under 18 years of age a parent must sign.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

Background Check Completed By: _____

Recommendation on the results of the background check is that this applicant should be (circle one): **APPROVED** **DENIED**

Denial is recommended based on the following information:
